FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F14166** **(5)**

1. Corporation Name
TRI-TALENT, INC.

Principal Place of Business	Mailing Address
110 C.E. VOLUSIA AVENUE PO BOX 2094 DELAND FL 32724	110 C.E. VOLUSIA AVENUE PO BOX 2094 DELAND FL 32724

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/02/1981
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business	2a. Mailing Address
21 110 EAST VOLUSIA AVE	26 P.O. BOX 2094
Suite, Apt. #, etc. 22 SUITE C	Suite, Apt. #, etc. 27
City & State 23 DELAND FL	City & State 28
Zip / Country 24 32724 / 25 USA	Zip / Country 29 32721 / 30

4. FEI Number: 59-2049770 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DORIS, DAVID A. 706 E. YORKSHIRE DR. DELAND FL 32724	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VST	11 TITLE	☐ Change ☐ Addition
NAME	DORIS, DAVID A.	12 NAME	
STREET ADDRESS	706 E. YORKSHIRE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 00000	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	ENRIGHT, FRANK A.	22 NAME	
STREET ADDRESS	706 E. YORKSHIRE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 00000	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	DORIS, DAVID A.	32 NAME	
STREET ADDRESS	706 E. YORKSHIRE DR.	33 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David A. Doris VP DAVID A. DORIS, V.P. 4/25/95 904-734-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0414300 FP